



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243

The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). **The personal affirmation section must be completed.**

SECTION 1. CONTACT AND DEMOGRAPHIC INFORMATION

This section must be completed. Please be certain to provide accurate information.

First Name*	Middle Name*	Last Name*	(Maiden/Other Last Name)	
<hr/>				
Date of Birth* (MM/DD/YYYY)	Street/P.O. Box*	City*	State*	Zip Code*
<hr/>				
Primary Telephone Number* (999) 999-9999	Secondary Telephone Number (999) 999-9999		Social Security Number* 999-99-9999	
<hr/>				
Primary Email Address*		Secondary Email Address		

The following information is collected for the purposes of federal reporting requirements. Please provide responses for ethnicity, race and gender.

- Ethnicity – Choose one ☐ Hispanic or Latino ☐ Not Hispanic or Latino
- Race – Mark all that apply ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander
☐ White
- Gender ☐ Male ☐ Female

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously investigated and found “No Probable Cause” to take any disciplinary action.

- ☐ Yes ☐ No 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of *nolo contendere* or granting pre-trial diversion?
- ☐ Yes ☐ No 2. Have you ever been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of *nolo contendere* or an order granting pre-trial diversion?
- ☐ Yes ☐ No 3. Have you had a teacher’s certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license. (Allowing a license to expire does not apply.)
- ☐ Yes ☐ No 4. Is there any action pending against your certification/license or application in another state?

- If you have answered “Yes” to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
- If you have answered “Yes” to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature

Date

SECTION 4. LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

☐ Initial Licensure ☐ Licensure Advancement ☐ Licensure Renewal ☐ Reactivating an Inactive License ☐ Waiver or Permit
☐ Additional Endorsement ☐ JROTC ☐ International Teacher Exchange License ☐ Other: _____

APPLICATION FOR OCCUPATIONAL EDUCATION LICENSURE ADVANCEMENT

FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS

SCHOOL YEAR 2014 - 2015

APPLICANT NAME _____

SOCIAL SECURITY NUMBER _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO CAREER TECHNICAL OFFICE

TO BE COMPLETED BY SCHOOL SYSTEM/FIELD SERVICE CENTER

School Name _____ Phone Number _____

School System _____ Phone Number _____

School System Address _____
Street City State Zip Code

Identify subject area with endorsement codes(s) for which observation was conducted.

Check License Type _____ Apprentice Occupational List Endorsement Code _____ Expiration Date _____
mm/dd/yyyy

Verification of Experience _____ Years _____ Months _____ Days (3 years of verified experience required)

Evaluated by _____ **Principal/Supervisor**
Signature of Evaluator (Please circle one)

Recommendation Level

The above educator has been evaluated and meets the required competency level for all designated domains and is recommended for advancement to the Professional License: _____ YES _____ NO

Principal's Signature _____ Date _____

Director of Schools Signature _____

Assistant Commissioner of Education/CTE Signature _____ Date _____

MAIL TO CAREER TECHNICAL OFFICE BY JUNE 15, 2014

(Vocational Advancement Packet must be accompanied with this recommendation form)

TL Use Only

Evaluator _____ Name/SSN _____ License/Endorsement _____ Experience _____
Recommended _____ Authorized Official Signature _____ Returned to School _____ Issue _____